



PATIENT

Tiny Owen

SPECIES

Canine

BREED

Shepherd Mix

SEX

Male

AGE

9 years

WEIGHT

58 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Monahan

INVOICE

78205

DATE

6/1/26

PRESENTING CLINICAL SIGNS

Last week: Tiny presents for an exam following his recent ER visit last week. He presented for vomiting, excessive drinking, loose stool, hair loss and potbellied appearance. ER ran bloodwork and suspect Cushing disease. P was put on a bland diet of cooked hamburger meat and Provable paste and capsules. He will refuse to eat any chicken or rice and will only eat hamburger meat.
Today: Continued anorexia and vomiting. Painful abdomen.
Labs last week: CPL 495 ALP 473 WBC 21.29 NEU20.13 LYM 0.43

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.1 cm, right measured 6.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.7 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A small amount of ingesta is present in the stomach as well as a large amount of fluid. Focal, thickening of a loop of small intestine measuring 1.1 x 3.5 cm in size with a hypoechoic appearance and loss of layering with no luminal obstruction evident. The rest of the small intestine has no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia, with granulomatous disease and focal perforation a less likely differential diagnosis.

Further assessment would be three view thoracic radiographs and if possible FNA cytology of the intestinal mass.

Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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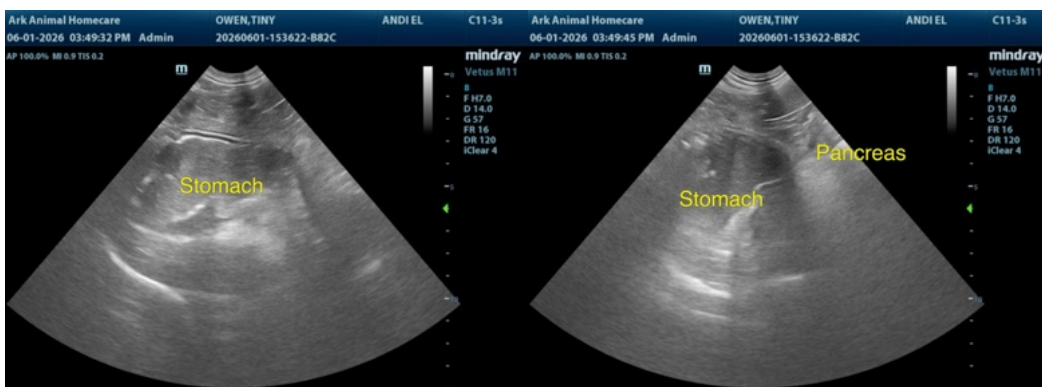
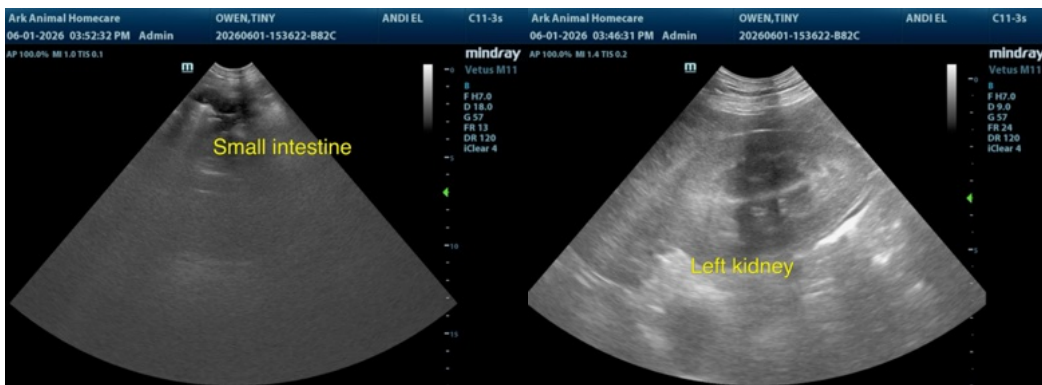
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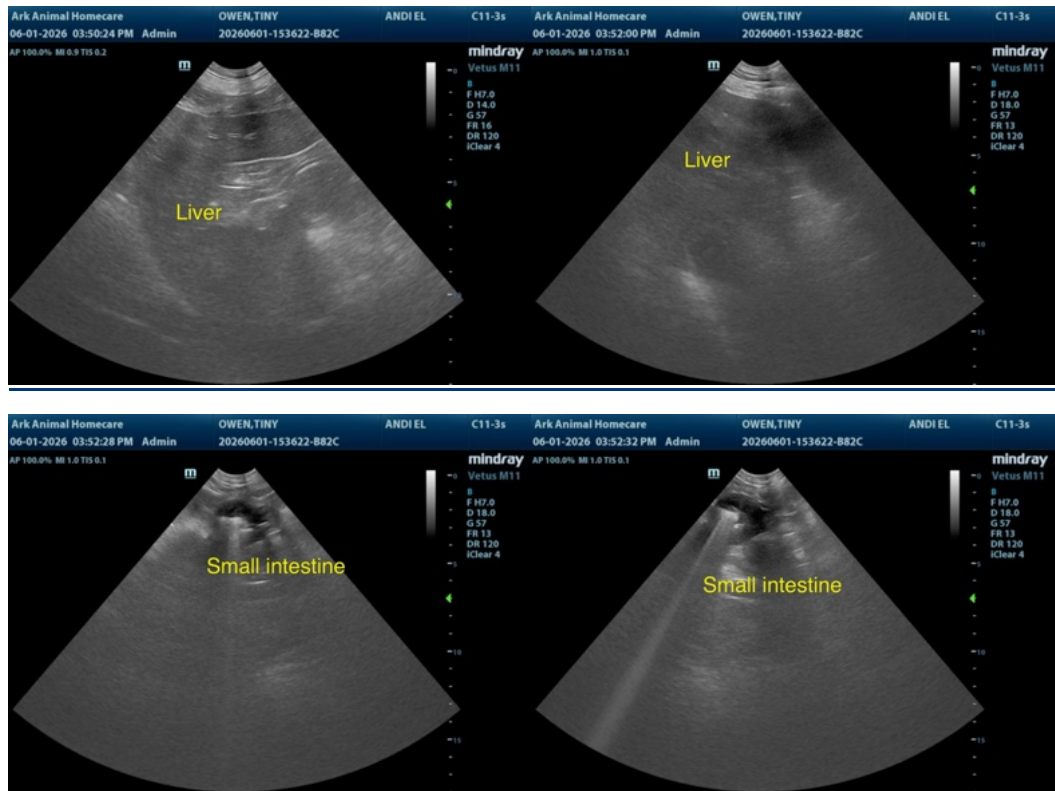
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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